

Follow the instructions bellow to complete this form:

- 1. Open this form with AdobeAcrobat.
- 2. Carefully fill in the form by clicking on the provided fields.
- 3. Don't input incorrect information, ask for assistance if you're uncertain.

For appending of signature;

- 4. Click on the signature field
- 5. Click Configure New Digital ID
- 6. Click Create a new Digital ID then click Continue
- 7. Click Save to File then click Continue
- 8. Save the form every time a digital signature is added.
- 9. Once you've completed the form, save and email or whatsApp it and the associated documents

P	lease	attach	the fo	llowing	documents a	fter comp	leting the form
	icusc.	attati	i uic io		uocuments a	ILLI LUIIID	ונונווצ נווכ וטוווו

	eed assistance? all or email us for quick assistance.	
Μ	obile:	
Fr	mail:	

PIONEER GENERAL INSURANCE LTD.





M-P	PESA Paybill Business No: 1	00500	Account	No.		Policy No.	
Peri	iod of Insurance: From:				То:		
Plea	ase select type of cover:	THIRD PA	ARTY		PARTY/ THEFT	COMPREHENSIVE	
Sun	n Insured:			FIRE O	INEFI		
SEC	CTION A: PROPOSER'S DET	AILS					
1.	Agency / Broker:						
2.	Name of Proposer:						
	Corporate name of the Co	mpany:					
3.	PIN No:	ID/Passpor	t No:			Date of Birth:	
4.	Postal Address:		Posta	l Code:		Town:	
5.	Telephone Number:			Mo	bile Number:		
6	Email Address:			(Occupation:		
7.	Residence:		Name of	Financer (if any):		
8.	Driving License No:		Driving I	Experience	:		
9.	Driving License Date of Iss	ue:					
10	. Details and amount of loss	es in the las	t 5 years:				
11	. Are you entitled to any No	Claim Disco	ount (NCD)?	Yes:	No:	If yes, attach evidence	
	Name of Previous Insurer(s	s):					
12	. Has any insurance compan	y:					
	a) Declined your proposal?			Yes:	No:		
	b) Cancelled or refused to	renew your	policy?	Yes:	No:		
	c) Required an increase pre	emium on re	newal?	Yes:	No:		
	If yes to any of the abov	e, please giv	ve details:				

	Are you currently insured by PACL under a lf Yes, please give details	any other Cover/	Policy? Yes:	No:	
14.	Is the vehicle registered in your name?	Yes:	No:	If No, give deta	iils
	Is the vehicle used for; a) Social, domestic and leisure purposes?	,		Yes:	No:
	b) Carriage of goods or passengers for hire	or reward?		Yes:	No:
	c) Carriage of goods in connection with you	r own or employe	r's business?	Yes:	No:
	If Yes for b) or c) give details				
16.	Will the vehicle be driven by other drivers other lf yes, provide names of these other drive			Yes:	No:
	Name of other driver(s)			Years of dri	ving experience
	i)				
	ii)				
	iii)				
	In the event of an accident while the vehice excess will be applicable as per the police		care of a young a	and inexperience	ed driver, additiona
	ls any anti-theft device installed? (Attach copy of certificate)	Yes:	No:		

SECTION B: MOTOR VEHICLE(S) DETAILS

Registration Marks	
Log Book Number	
Seating Capacity	
Engine No.	
Chassis No.	
Type of Body	
Colour	
CC	
Year of Manufacture	
Make & Model	

Indicate extra benefits required (additional premium may apply). Figures in KShs.

Registration Marks	Riots & Strikes	Windscreen	Audio System	Excess Waiver	PVT Extension	Courtesy car.

PREMIUM COMPILATION:

Basic	
Riot & Strike	
Windscreen	
Audio System	
Passenger Legal Liability	
Political Risks	
Excess Waiver	
PVT Extension	
Others	
Levies	
TOTAL	

DECLARATION

I/we hereby declare and warrant that the statements given over are true and that I/we have not suppressed or misrepresented any material fact and I/we undertake to use all necessary and proper precautions for the safety of the general public, and I/we agree if the premium be wholly or in part based on wages or other variable factor to keep proper record thereof and at the end of each period of indemnity to supply to the Company the correct statement of the requisite particulars for the purpose of adjusting the premium and to pay any consequent extra premium due, and I/we further agree that this proposal and declaration shall be the basis of the proposed contract between the company and Myself/Ourselves and that I/we accept the Company's policy subject to its terms, exceptions and conditions. Any error, omission, deliberate suppression and/or misrepresentation of material facts or incorrect statements will render this insurance contract null and void.

Proposers Signature/ Official Stamp:			Date:
FOR OFFICIAL USE ONLY: Are these documents attached?			
a) Copy of Log Book	Yes:	No:	
b) Copy of Driving License	Yes:	No:	
c) Copy of Anti-Theft Certificate	Yes:	No:	
d) NCD Letter	Yes:	No:	
e) Copy of PIN	Yes:	No:	